



MISSOURI DEPARTMENT OF REVENUE
TAXATION DIVISION
P.O. BOX 811
JEFFERSON CITY, MO 65105-0811

**REGISTRATION FOR ELECTRONIC NOTIFICATION OF
CHANGES IN THE MISSOURI TOBACCO DIRECTORY**

FORM
5298
(REV. 07-2010)

Section 196.1023.2(3), RSMo, requires every stamping agent (wholesaler) to maintain and provide to the Director of Revenue an electronic mail address for the purpose of receiving notices concerning Missouri's tobacco directory.

PLEASE PRINT OR TYPE:

MISSOURI CIGARETTE OR OTHER TOBACCO PRODUCTS (OTP)
LICENSE NUMBER

FEDERAL I.D. NUMBER

COMPANY NAME

PHYSICAL ADDRESS

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

TELEPHONE NUMBER

(____) ____ - ____

FAX NUMBER

(____) ____ - ____

CONTACT PERSON

TITLE

E-MAIL ADDRESS

WEB SITE ADDRESS

THE COMPANY LISTED ABOVE IS A

☐ CIGARETTE OR OTP WHOLESALER

☐ OTP RETAILER

OWNER OR OFFICER SIGNATURE

PRINT NAME

TITLE

DATE

____ / ____ / ____

NOTE: IF YOUR E-MAIL ADDRESS CHANGES, YOU MUST FILE A NEW FORM.

MAIL COMPLETED FORM TO: Taxation Division, Excise Tax, P.O. Box 811, Jefferson City, MO, 65105-0811. If you have questions or need assistance in completing this form, please call (573) 751-7163 / TDD (573)735-2966; or e-mail excise@dor.mo.gov. You may also obtain this form from the Department's web site at <http://dor.mo.gov/tax/business/tobacco/forms/>.

This form is available in alternate accessible format(s).